TennCare Companion Guide

837 Health Care Claim : Dental
V5010X224A2

Version: 1.0 Final

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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837   <u>Health Care Claim : Dental</u>

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required
LOOP ID - 1000A					**1**	**N1/0200L**	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					**1**	**N1/0200L**	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP ID - 2010AA					**1**	**N2/0150L**	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	O	1			Required
0350	REF	Billing Provider UPIN/License Information	O	2			Situational
0400	PER	Billing Provider Contact Information	O	2			Situational

LOOP ID - 2010AB					1	N2/0150L	
0150	NM1	Pay-to Address Name	O	1		N2/0150	Situational
0250	N3	Pay-to Address - ADDRESS	O	1			Required
0300	N4	Pay-to Address - City, State, ZIP Code	O	1			Required

LOOP ID - 2010AC					1	N2/0150L	
0150	NM1	Pay-To Plan Name	O	1		N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1			Required
0300	N4	Pay-To Plan City, State, Zip Code	O	1			Required
0350	REF	Pay-To Plan Secondary Identification	O	1			Situational
0350	REF	Pay-To Plan Tax Identification Number	O	1			Required

LOOP ID - 2000B					>1		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required

LOOP ID - 2010BA					1	N2/0150L	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP Code	O	1			Situational
0320	DMG	Subscriber Demographic Information	O	1			Situational
0350	REF	Subscriber Secondary Identification	O	1			Situational
0350	REF	Property and Casualty Claim Number	O	1			Situational

LOOP ID - 2010BB					1	N2/0150L	
0150	NM1	Payer Name	O	1		N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary Identification	O	1			Situational

LOOP ID - 2300					100		
1300	CLM	Claim Information	O	1			Situational
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Appliance Placement	O	1			Situational
1350	DTP	Date - Service Date	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1450	DN1	Orthodontic Total Months of Treatment	O	1			Situational
1500	DN2	Tooth Status	O	35			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Predetermination Identification	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Referral Number	O	1			Situational

1800	REF	Prior Authorization	O	1		Situational
1800	REF	Repriced Claim Number	O	1		Situational
1800	REF	Adjusted Repriced Claim Number	O	1		Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		Situational
1850	K3	File Information	O	10		Situational
1900	NTE	Claim Note	O	5		Situational
2310	HI	Health Care Diagnosis Code	O	1		Situational
2410	HCP	Claim Pricing/Repricing Information	O	1		Situational
LOOP ID - 2310A				**2**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1	N2/2500	Situational
2550	PRV	Referring Provider Specialty Information	O	1		Situational
2710	REF	Referring Provider Secondary Identification	O	3		Situational
LOOP ID - 2310B				**1**	**N2/2500L**	
2500	NM1	Rendering Provider Name	O	1	N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1		Required
2710	REF	Rendering Provider Secondary Identification	O	4		Situational
LOOP ID - 2310C				**1**	**N2/2500L**	
2500	NM1	Service Facility Location Name	O	1	N2/2500	Situational
2650	N3	Service Facility Location Address	O	1		Required
2700	N4	Service Facility Location City, State, Zip Code	O	1		Required
2710	REF	Service Facility Location Secondary Identification	O	3		Situational
LOOP ID - 2310D				**1**	**N2/2500L**	
2500	NM1	Assistant Surgeon Name	O	1	N2/2500	Situational
2550	PRV	Assistant Surgeon Specialty Information	O	1		Required
2710	REF	Assistant Surgeon Secondary Identification	O	4		Situational
LOOP ID - 2310E				**1**	**N2/2500L**	
2500	NM1	Supervising Provider Name	O	1	N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4		Situational
LOOP ID - 2320				**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5		Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
3000	AMT	Remaining Patient Liability	O	1		Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		Situational
3100	OI	Other Insurance Coverage Information	O	1		Required
3200	MOA	Outpatient Adjudication	O	1		Situational

		Information					
LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/Zip Code	O	1			Situational
3550	REF	Other Subscriber Secondary Identification	O	2			Situational
LOOP ID - 2330B					**1**	**N2/3250L**	
3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State ,ZIP Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	3			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Predetermination Identification	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP ID - 2330C					**2**	**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOP ID - 2330D					**1**	**N2/3250L**	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3			Required
LOOP ID - 2330E					**1**	**N2/3250L**	
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Supervising Provider Identification	O	3			Required
LOOP ID - 2330F					**1**	**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2			Required
LOOP ID - 2330G					**1**	**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required

LOOP ID - 2330H					**1**	**N2/3250L**	
3250	NM1	Other Payer Assistant Surgeon	O	1		N2/3250	Situational
3550	REF	Other Payer Assistant Surgeon Secondary Identifier	O	3			Required
LOOP ID - 2400					**50**	**N2/3650L**	
3650	LX	Service Line Number	O	1		N2/3650	Required
3800	SV3	Dental Service	O	1			Required
3820	TOO	Tooth Information	O	32			Situational
4550	DTP	Date - Service Date	O	1			Situational
4550	DTP	Date - Prior Placement	O	1			Situational
4550	DTP	Date - Appliance Placement	O	1			Situational
4550	DTP	Date - Replacement	O	1			Situational
4550	DTP	Date - Treatment Start	O	1			Situational
4550	DTP	Date - Treatment Completion	O	1			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Service Predetermination Identification	O	5			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Claim Number	O	1			Situational
4700	REF	Adjusted Repriced Claim Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP ID - 2420A					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1			Required
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP ID - 2420B					**1**	**N2/5000L**	
5000	NM1	Assistant Surgeon Name	O	1		N2/5000	Situational
5050	PRV	Assistant Surgeon Specialty Information	O	1			Situational
5250	REF	Assistant Surgeon Secondary Identification	O	20			Situational
LOOP ID - 2420C					**1**	**N2/5000L**	
5000	NM1	Supervising Provider Name	O	1		N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	O	20			Situational
LOOP ID - 2420D					**1**	**N2/5000L**	
5000	NM1	Service Facility Location Name	O	1		N2/5000	Situational
5140	N3	Service Facility Location Address	O	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	O	20			Situational
LOOP ID - 2430					**15**	**N2/5400L**	

5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational

LOOP ID - 2000C					**>1**		
0010	HL	Patient Hierarchical Level	O	1			Situational
0070	PAT	Patient Information	O	1			Required
LOOP ID - 2010CA					**1**	**N2/0150L**	
0150	NM1	Patient Name	O	1		N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City, State, ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	O	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
0350	REF	Property and Casualty Patient Identifier	O	1			Situational

LOOP ID - 2300					**100**		
1300	CLM	Claim Information	O	1			Required
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Appliance Placement	O	1			Situational
1350	DTP	Date - Service Date	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1450	DN1	Orthodontic Total Months of Treatment	O	1			Situational
1500	DN2	Tooth Status	O	35			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Predetermination Identification	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	5			Situational
2310	HI	Health Care Diagnosis Code	O	1			Situational
2410	HCP	Claim Pricing/Repricing Information	O	1			Situational
LOOP ID - 2310A					**2**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2550	PRV	Referring Provider Specialty Information	O	1			Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational
LOOP ID - 2310B					**1**	**N2/2500L**	

2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1			Required
2710	REF	Rendering Provider Secondary Identification	O	4			Situational

LOOP ID - 2310C — 1 — N2/2500L

2500	NM1	Service Facility Location Name	O	1		N2/2500	Situational
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City, State, Zip Code	O	1			Required
2710	REF	Service Facility Location Secondary Identification	O	3			Situational

LOOP ID - 2310D — 1 — N2/2500L

2500	NM1	Assistant Surgeon Name	O	1		N2/2500	Situational
2550	PRV	Assistant Surgeon Specialty Information	O	1			Required
2710	REF	Assistant Surgeon Secondary Identification	O	4			Situational

LOOP ID - 2310E — 1 — N2/2500L

2500	NM1	Supervising Provider Name	O	1		N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4			Situational

LOOP ID - 2320 — 10 — N2/2900L

2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3200	MOA	Outpatient Adjudication Information	O	1			Situational

LOOP ID - 2330A — 1 — N2/3250L

3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/Zip Code	O	1			Situational
3550	REF	Other Subscriber Secondary Identification	O	2			Situational

LOOP ID - 2330B — 1 — N2/3250L

3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State ,ZIP Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	3			Situational
3550	REF	Other Payer Prior	O	1			Situational

		Authorization Number					
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Predetermination Identification	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP ID - 2330C					**2**	**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOP ID - 2330D					**1**	**N2/3250L**	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3			Required
LOOP ID - 2330E					**1**	**N2/3250L**	
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Supervising Provider Identification	O	3			Required
LOOP ID - 2330F					**1**	**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2			Required
LOOP ID - 2330G					**1**	**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required
LOOP ID - 2330H					**1**	**N2/3250L**	
3250	NM1	Other Payer Assistant Surgeon	O	1		N2/3250	Situational
3550	REF	Other Payer Assistant Surgeon Secondary Identifier	O	3			Required
LOOP ID - 2400					**50**	**N2/3650L**	
3650	LX	Service Line Number	O	1		N2/3650	Required
3800	SV3	Dental Service	O	1			Required
3820	TOO	Tooth Information	O	32			Situational
4550	DTP	Date - Service Date	O	1			Situational
4550	DTP	Date - Prior Placement	O	1			Situational
4550	DTP	Date - Appliance Placement	O	1			Situational
4550	DTP	Date - Replacement	O	1			Situational
4550	DTP	Date - Treatment Start	O	1			Situational
4550	DTP	Date - Treatment Completion	O	1			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Service Predetermination Identification	O	5			Situational

4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Claim Number	O	1			Situational
4700	REF	Adjusted Repriced Claim Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP ID - 2420A				**1**		**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1			Required
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP ID - 2420B				**1**		**N2/5000L**	
5000	NM1	Assistant Surgeon Name	O	1		N2/5000	Situational
5050	PRV	Assistant Surgeon Specialty Information	O	1			Situational
5250	REF	Assistant Surgeon Secondary Identification	O	20			Situational
LOOP ID - 2420C				**1**		**N2/5000L**	
5000	NM1	Supervising Provider Name	O	1		N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	O	20			Situational
LOOP ID - 2420D				**1**		**N2/5000L**	
5000	NM1	Service Facility Location Name	O	1		N2/5000	Situational
5140	N3	Service Facility Location Address	O	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	O	20			Situational
LOOP ID - 2430				**15**		**N2/5400L**	
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational
5550	SE	Transaction Set Trailer	M	1			Required

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

ISA   Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code identifying the type of information in the Authorization Information
TennCare Notes: *Preferred value is '00'*

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
03	Additional Data Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code identifying the type of information in the Security Information
TennCare Notes: *Preferred value is '00'*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified
TennCare Notes: *Preferred value is 'ZZ'*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element
TennCare Notes: *This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified

TennCare Notes: *Preferred value is 'ZZ'*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

TennCare Notes: *It will be TennCare's ID '626001445TC' for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound transactions.*

ISA09	I08	**Interchange Date**	M	DT	6/6	Required

Description: Date of the interchange

TennCare Notes: *Adjudication Date should be plugged. Only one adjudication data per file is allowed.*

ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender

TennCare Notes: *System generated.*

ISA15	I14	**Interchange Usage Indicator**	M	ID	1/1	Required

Description: Code indicating whether data enclosed by this interchange envelope is test, production or information

TennCare Notes: *Use 'T' for Test Transactions and 'P' for Production Transactions.*

Code	Name
P	Production Data
T	Test Data

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required
Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners **TennCare Notes:** *Same as ISA06.*				
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners **TennCare Notes:** *Same as ISA08.*				

BHT Beginning of Hierarchical Transaction

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required
		Description: Code identifying purpose of transaction set **TennCare Notes:** *18 is used for replacements of rejected files only. The entire transmission should either be replacements (BHT02 = 18) or originals (BHT02 = 00). Reissues/replacements cannot be mixed and matched with the originals. When a transmission is rejected, the entire transmission should be sent again with an 18 in BHT02.*				

Code	Name
00	Original
18	Reissue

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT03	127	**Reference Identification**	O	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Batch Control #*				
			O	DT	8/8	Required
			O	TM	4/8	Required
BHT06	640	**Transaction Type Code**	O	ID	2/2	Required
		Description: Code specifying the type of transaction **TennCare Notes:** *For Encounters 'RP' should*				

be used

Code	Name
31	Subrogation Demand
CH	Chargeable
RP	Reporting

NM1   Submitter Name

Pos: 0200	**Max: 1**
Heading - Optional	
Loop: 1000A	**Elements: 7**

User Option (**Usage**): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code

Encounter Notes:
Error Message: TennCare Requires 1000A NM109 to be Same Value as ISA06.
Detail: The data value in loop 1000A segment NM109 Identification Code must be the same data value contained in the ISA06 segment.

NM1   Receiver Name

Pos: 0200	**Max: 1**
Heading - Optional	
Loop: 1000B	**Elements: 5**

User Option (**Usage**): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required

Description: Individual last name or organizational name
TennCare Notes: *TENNCARE*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code
TennCare Notes: *Receiver Code. Same as ISA08.*

PRV   Billing Provider Specialty Information

Pos: 0030	**Max: 1**
Detail - Optional	
Loop: 2000A	**Elements: 3**

User Option (**Usage**): Situational
Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code**	M	ID	1/3	Required

Description: Code identifying the type of provider

TennCare Notes: *It is required for MCCs to send this segment to TennCare.*

Code	Name
BI	Billing

| PRV02 | 128 | **Reference Identification Qualifier** | X | ID | 2/3 | Required |

Description: Code qualifying the Reference Identification

Code	Name
PXC	Health Care Provider Taxonomy Code

| PRV03 | 127 | **Reference Identification** | X | AN | 1/50 | Required |

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

TennCare Notes: *Taxonomy Code is requested on all encounters.*

ExternalCodeList
Name: 682
Description: Health Care Provider Taxonomy

Encounter Notes:

Error Message: BILLING/PAY-TO PROVIDER MISSING - Loop Required by TennCare (2000A or 2310B - 837D).
Detail: Either the PRV segment in Loop 2000A OR PRV in Loop 2310B will be required.

NM1	Billing Provider Name	Pos: 0150 Max: 1
		Detail - Optional
		Loop: 2010AA Elements: 8

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code

Encounter Notes:
Error Message: NPI MUST BE THE BILLING PROVIDER PRIMARY IDENTIFIER.
Detail: Excludes denied claims with ARC 107. If the Billing Provider is a HealthCare provider (not atypical), If 2010AA NM108 value is = XX and the 2010AA NM109 value is not 10 digits or does not contain a correct check digit, set edit. An atypical provider is identified by the taxonomy code in 2000/PRV03 where PRV01=BI and is defined as any on the taxonomy listing provided by TennCare in the "TennCare Taxonomy Crosswalk" document. These are defined by TennCare as healthcare providers and non-healthcare providers (the N values are Atypical).

Error Message: Tenncare requires Billing Provider NPI to be present on all transactions.

Detail: Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

N3   Billing Provider Address

Pos: 0250	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required
Purpose: To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information**	M	AN	1/55	Required

Description: Address information
TennCare Notes: *On an encounter, the correct address will be maintained on the provider's master file.*

N4   Billing Provider City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 5

User Option (Usage): Required
Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country
Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.
Detail: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

NM1   Pay-to Address Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Situational
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
TennCare Notes: *Pay-to provider can be sent sometimes on TennCare.*

Code	Name
87	Pay-to Provider

N4 Pay-to Address - City, State, ZIP Code

Pos: 0300		**Max: 1**
	Detail - Optional	
Loop:		**Elements: 5**
2010AB		

User Option (Usage): Required
Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country
Encounter Notes: *Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.*
Detail: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

N4 Pay-To Plan City, State, Zip Code

Pos: 0300		**Max: 1**
	Detail - Optional	
Loop:		**Elements: 5**
2010AC		

User Option (Usage): Required
Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country
Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.
Detail: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

ExternalCodeList
Name: 5
Description: Countries, Currencies and Funds

SBR   **Subscriber Information**

<table>
<tr><td>Pos: 0050</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2000B</td><td>Elements: 6</td></tr>
</table>

User Option (Usage): Required
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required

Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim
TennCare Notes: *For Encounter 'P' should be used.*

Code	Name
A	Payer Responsibility Four
B	Payer Responsibility Five
C	Payer Responsibility Six
D	Payer Responsibility Seven
E	Payer Responsibility Eight
F	Payer Responsibility Nine
G	Payer Responsibility Ten
H	Payer Responsibility Eleven
P	Primary
S	Secondary
T	Tertiary
U	Unknown

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Situational

Description: Code indicating the relationship between two individuals or entities
TennCare Notes: *On Dental encounters, there is no dependent information, so this field is always 18.*

Code	Name
18	Self

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR03	127	**Reference Identification**	O	AN	1/50	Situational

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
TennCare Notes: *SSN of the subscriber.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational

Description: Code identifying type of claim
TennCare Notes: *'MC' should be used for Encounters.*

Code	Name
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk

17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

NM1   Subscriber Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 8

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)
TennCare Notes: *Tenncare valid value is 'MI'*

Code	Name
II	Standard Unique Health Identifier for each Individual in the United States
MI	Member Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code

Encounter Notes:
Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.
 Detail: 2010BA NM109 where NM108= 'MI' (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11
TennCare Notes: *Recipient's SSN.*

NM1   Payer Name

		Pos: 0150	Max: 1
		Detail - Optional	
		Loop: 2010BB	Elements: 5

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code

Encounter Notes:
Error Message: PAYER NAME IDENTIFICATION NUMBER INVALID - TennCare Required ID Number Is Missing (837D, 2010BB/NM109).
Detail: If (837D: 2010BB/NM109 where NM101=PR) != 626001445, then set edit.

REF   Billing Provider Secondary Identification

		Pos: 0350	Max: 1
		Detail - Optional	
		Loop: 2010BB	Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Encounter Notes:
Error Message: TennCare Does not allow multiple provider identifiers within the same provider loop. If NPI is billed, Medicaid ID is not allowed.
Detail: If the claim has a provider loop billed with NPI (NM108=XX) then REF02, where REF01 G2, is not allowed.

Code	Name
G2	Provider Commercial Number
LU	Location Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

Encounter Notes:

Error Message: TennCare Requires a 7 digit Medicaid ID if no NPI is billed for the provider. Description: If no NPI is present in (2010AA NM108=XX) then 2010BB REF02 must contain a 7 byte alpha/numeric Medicaid ID with REF01=G2.

CLM   Claim Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

User Option (Usage): Situational
Purpose: To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM02	782	**Monetary Amount**	O	R	1/18	Required

Description: Monetary amount
TennCare Notes: *Total Billed Amount.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM05-03	1325	**Claim Frequency Type Code**	O	ID	1/1	Required

Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type
Encounter Notes:
Error Message: CLAIM FREQUENCY CODE 7 IS NOT ALLOWED - Replacement Encounter Claims Are Not Processed By TennCare (2300/CLM05-3).
Detail: If 2300/CLM05-3 is equal to "7", then error.
TennCare Notes: *For encounters only: 1 - ORIGINAL, 8 - VOID (Void/Cancel of Prior Claim)*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM11-04	156	**State or Province Code**	O	ID	2/2	Situational

Description: Code (Standard State/Province) as defined by appropriate government agency
TennCare Notes: *CLM11-4 required if CLM11-1, CLM11- 2, OR CLM11-3 has a value of "AA"*

DTP   Date - Service Date

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Encounter Notes:
Error Message: DATE OF SERVICE CANNOT BE BEFORE DATE OF BIRTH - All services must take place on or after the date of birth (2010CA/DMG02 or 2010BA/DMG02).
Detail: Excludes denied claims with ARC 107. Date of service = 2300/DTP03 (DTP01=472), Date of birth = 2010BA/DMG02 or 2010CA/DMG02. Error if date of birth is after date of service. All services must take place on

or after the date of birth.

Error Message: *HEADER SERVICE DATE MUST BE WITHIN DETAIL SERVICE DATES - The detail level dates if used must be within the range of the header dates.*
Detail: *Excludes denied claims with ARC 107. Check if 2400/DTP03 are within 2300/DTP03. This is a claim level edit. The detail level dates, if used, must be within the range of the header dates. If the claim service date is > the detail service date on the claim, an error will be reported. The dates are found in 2300/DTP03 (837D: DTP01=472).*
TennCare Notes: *Used only if all service line items apply to the same date.*

REF — Payer Claim Control Number

Pos: 1800	**Max: 1**
Detail - Optional	
Loop: 2300	**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: *REQUIRED ORIGINAL REFERENCE NUMBER MISSING - TennCare Requires a Voided Claim (CLM05-3 = 8) To Be Submitted With The Original Claim Number (REF02 when REF01= F8).*
Detail: *If 2300/CLM05-3 = 8 and if no data in 2300/REF02 where REF01=F8, then set edit. If 2300/REF01=F8 segment is missing, set the edit.*
TennCare Notes: *MCC ICN of the void/replacement encounter.*

NTE — Claim Note

Pos: 1900	**Max: 5**
Detail - Optional	
Loop: 2300	**Elements: 2**

User Option (Usage): Situational
Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code**	O	ID	3/3	Required

Description: Code identifying the functional area or purpose for which the note applies
TennCare Notes: *Additional Information.*

Code	Name
ADD	Additional Information

NTE02	352	**Description**	M	AN	1/80	Required

Description: A free-form description to clarify the related data elements and their content

Encounter Notes:
Error Message: REQUIRED CLAIM SEQUENCE NUMBER MISSING - TennCare sequencer is defined as the first subcomponent (NTE02-1) of the 2300 NTE02 where the NTE01 = ADD.
Detail: 2300 NTE02 is Required for TennCare. The ONLY allowed NTE01 qualifier is 'ADD'. HIPAA defined standard element of length 80. The edit parses the NTE02 when NTE01 = "ADD", from the beginning of the element until either the segment terminator or the pipe symbol "|" is encountered. If the pipe symbol is encountered, all bytes following it until the segment terminator are the claim note and all bytes prior to the pipe are to be considered the Processing Sequence Identifier. If no pipe is found then the entire contents are considered Processing Sequence Identifier (80 bytes).This is a SNIP 1 error. The SNIP 7 error will set when the NTE02 is missing.
TennCare Notes: *Sub-component 1(required): date-time stamp:CCYYMMDDhhmmssnn (up to 16 digits) Sub-component 2(optional): preceded by sub-component separator; 'paper' for paper claims, i.e.2007082209200112:PAPER*

PRV Referring Provider Specialty Information

Pos: 2550	Max: 1
Detail - Optional	
Loop: 2310A	**Elements: 3**

User Option (Usage): Situational
Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV03	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
TennCare Notes: *Taxonomy Code is requested on all encounters.*

REF   Referring Provider Secondary Identification

Pos: 2710   Max: 3
Detail - Optional
Loop: 2310A   Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

PRV   Rendering Provider Specialty Information

Pos: 2550   Max: 1
Detail - Optional
Loop: 2310B   Elements: 3

User Option (Usage): Required
Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code**	M	ID	1/3	Required

Description: Code identifying the type of provider

Code	Name
PE	Performing

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV02	128	**Reference Identification Qualifier**	X	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
PXC	Health Care Provider Taxonomy Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV03	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
TennCare Notes: *Provider Taxonomy code is requested on all encounters.*

Encounter Notes:

Error Message: BILLING/PAY-TO PROVIDER MISSING - Loop Required by TennCare (2000A or 2310B - 837D.)
Detail: Either the PRV segment in Loop 2000A OR PRV in Loop 2310B will be required.

REF   Rendering Provider Secondary Identification

Pos: 2710	Max: 4
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Encounter Notes:
Error Message: TennCare Does not allow multiple provider identifiers within the same provider loop. If NPI is billed, Medicaid ID is not allowed.
Detail: If the claim has a provider loop billed with NPI (NM108=XX) then REF02, where REF01 G2, is not allowed.

Code	Name
0B	State License Number
1G	Provider UPIN Number
G2	Provider Commercial Number
LU	Location Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

Encounter Notes:

Error Message: TennCare Requires a 7 digit Medicaid ID if no NPI is billed for the provider.
Detail: If no NPI is present in (2310B NM108=XX) then 2310B REF02 must contain a 7 byte alpha/numeric Medicaid ID with REF01=G2.

N4   Service Facility Location City, State, Zip Code

Pos: 2700	Max: 1
Detail - Optional	
Loop: 2310C	**Elements: 5**

User Option (Usage): Required
Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country
Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.
Detail: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

REF   Service Facility Location Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310C	**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

REF   Assistant Surgeon Secondary Identification

Pos: 2710	**Max: 4**
Detail - Optional	
Loop: 2310D	**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

REF   Supervising Provider Secondary Identification

Pos: 2710	**Max: 4**
Detail - Optional	
Loop: 2310E	**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

SBR   Other Subscriber Information

Pos: 2900	**Max: 1**
Detail - Optional	
Loop: 2320	**Elements: 6**

User Option (Usage): Situational
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required

Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim
TennCare Notes: *'P'/'S'/'T'. When more than one payer, the last resort is the MCC.*

Code	Name
A	Payer Responsibility Four
B	Payer Responsibility Five
C	Payer Responsibility Six
D	Payer Responsibility Seven
E	Payer Responsibility Eight
F	Payer Responsibility Nine
G	Payer Responsibility Ten
H	Payer Responsibility Eleven
P	Primary
S	Secondary
T	Tertiary
U	Unknown

SBR03	127	**Reference Identification**	O	AN	1/50	Situational

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

TennCare Notes: *SSN of the recipients.*

CAS   Claim Level Adjustments

Pos: 2950	**Max: 5**
Detail - Optional	
Loop: 2320	**Elements: 19**

User Option (Usage): Situational
Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required

Description: Code identifying the general category of payment adjustment
TennCare Notes: *'CO' should be used for Encounters*

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payer Initiated Reductions
PR	Patient Responsibility

CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required

Description: Code identifying the detailed reason the adjustment was made
Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).

TennCare Notes: *1 (Deductible), 2 (Coinsurance), 3 (Co-pay), 24 (Charges covered under a capitation agreement/managed care plan - Monetary Amount is zero.), 66 (blood deductible) usually FFS, 107 (Denied - Monetary Amount is zero). On a denied encounter, preferred way is to indicate the first CAS as denied with 107, and then other CAS segments to indicate the EOB codes.*

CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).
TennCare Notes: *See CAS02.*

CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).
TennCare Notes: *See CAS02.*

CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).
TennCare Notes: *See CAS02.*

CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).
TennCare Notes: *See CAS02.*

CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).
TennCare Notes: *See CAS02.*

AMT Coordination of Benefits (COB) Payer Paid Amount

Pos: 3000	**Max: 1**
Detail - Optional	
Loop: 2320	**Elements: 2**

User Option (**Usage):** Situational
Purpose: To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Encounter Notes:
Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero
Detail: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 24 then the header is

capitated and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).

Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero.
Detail: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 107 then the header is denied and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops)

Error Message: MCC PAID AMOUNT CANNOT BE GREATER THAN MCC ALLOWED AMOUNT - Allowed Amount 2320/AMT02.
Detail: Paid amount = 2320/AMT02 where AMT01=D (Payer Paid Amount). If paid amount > allowed amount, then error.
TennCare Notes: *MCC header level Paid Amount.*

NM1   Other Payer Name

Pos: 3250	**Max: 1**
Detail - Optional	
Loop: 2330B	**Elements: 5**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
TennCare Notes: *One of the 2320 loops will have MCC information in 2330B loops. Additional 2320 loops might have other payer information.*

Code	Name
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required

Description: Individual last name or organizational name
TennCare Notes: *MCC Name for MCC payment loop.*

NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code

TennCare Notes: *Encounters: MCC ID for MCC payment loop.*

DTP Claim Check Or Remittance Date

Pos: 3500	**Max: 1**
Detail - Optional	
Loop: 2330B	**Elements: 3**

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Encounter Notes:
Error Message: CLAIM ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO FROM DATE OF SERVICE.
Detail: If any claim service from date (837D: 2300/DTP03 where DTP01=434) is greater than the MCC Claim Adjudication Date (2330B/DTP where DTP01=573), then the claim is in error. Flag the error at the 2330B DTP02. The DTP02 should be inspected and if the DTP02=RD8, then the Begin date (FROM Date - the first date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080911".

Error Message: CLAIM ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO THROUGH DATE OF SERVICE.
Detail: If any claim service 'through' date (837D: 2300/DTP03 where DTP01=434) is greater than the MCC Claim Adjudication Date (2330B/DTP where DTP01=573), then the claim is in error. Flag the error at the 2330B DTP02. Exclusion: The DTP02 should be inspected and if the DTP02=RD8, then the End date (the last date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080922".

REF   Other Payer Secondary Identifier

Pos: 3550	**Max: 3**
Detail - Optional	
Loop: 2330B	**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:

Error Message: REQUIRED ENCOUNTER SEGMENT MISSING - TennCare requires at least one 2330B/REF02 segment with REF01=2U for Encounter Claims.

Detail: Edit will verify that one REF segment at the 2330B level with a REF01=2U, with the first 3 bytes = MCC, is present to indicate the MCC ID.

Error Message: MISSING OR INVALID TPL CARRIER CODE - NOT VALID FOR TENNCARE (Data in 2330B REF02 not on TennCare code list).

Detail: TennCare Requires the MCC to use valid Third Party Liability carrier codes when reporting TPL payments. Verify that the value submitted in 2330B/REF02 if REF01=2U is contained on the table. If not, set the edit. Must use TN table of carrier codes as a custom code list.

TennCare Notes: *'MCC' + MCC number for MCC payment loop or TennCare carrier code for all other loops*

Encounter Notes:

Error Message: TennCare Requires an REF02 - OTHER PAYER SECONDARY IDENTIFIER (2U) for each 2330B loop
Detail:: REF01=2U and REF02=Secondary Payer Identification Number must be present on every 2330B loop

REF   Other Payer Claim Control Number

Pos: 3550	**Max: 1**
Detail - Optional	
Loop: 2330B	**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
>
> **Encounter Notes:**
> *Error Message: REQUIRED MCC ICN MISSING OR INVALID - 2330B/REF02 Must Contain a Valid Internal Control Number.*
> *Detail: Mandatory element for MCC loop. If 2330B/REF02=0's or 9's or blank, If REF01 = F8. This edit should set if the qualifier is F8 and the REF02 is zeros or all nines or if missing. Applies only to the MCC loop, not to Third Party Payer loops. The MCCID identifies the MCC loop as 2330B/REF02 when the 2330B/REF01=2U AND 2330B/REF02 has the first three bytes of MCC. If the 2330B loop does not contain this MCC ID, do not apply the edit to require the ICN.*
> **TennCare Notes:** *MCC generated ICN of the current encounter for MCC payment loop.*

LX   Service Line Number

Pos: 3650	Max: 1
Detail - Optional	
Loop: 2400	**Elements: 1**

User Option (Usage): Required
Purpose: To reference a line number in a transaction set

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LX01	554	**Assigned Number**	M	N0	1/6	Required

> **Description:** Number assigned for differentiation within a transaction set
> **TennCare Notes:** *The service line number is increment by 1 for each service line.*

SV3   Dental Service

Pos: 3800	Max: 1
Detail - Optional	
Loop: 2400	**Elements: 7**

User Option (Usage): Required
Purpose: To specify the service line item detail for dental work

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SV306	380	**Quantity**	O	R	1/15	Situational

> **Description:** Numeric value of quantity
> **Encounter Notes:**
> *Error Message: Service Line Quantity Cannot Be Less Than or Equal to Zero*
> *Detail: If the service line Quantity amount is equal to zero or less than zero, set the edit. 837D (2400 SV306).*

PRV   Rendering Provider Specialty Information

Pos: 5050	Max: 1
Detail - Optional	
Loop: 2420A	**Elements: 3**

User Option (Usage): Required
Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV03	127	**Reference Identification**	X	AN	1/50	Required

> **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
> **TennCare Notes:** *Taxonomy Code is requested on encounters.*

REF Rendering Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420A	Elements: 3

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

REF Assistant Surgeon Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420B	Elements: 3

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

REF Supervising Provider Secondary Identification

Pos: 5250		**Max: 20**
	Detail - Optional	
Loop: 2420C		**Elements: 3**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

N4 Service Facility Location City, State, ZIP Code

Pos: 5200		**Max: 1**
	Detail - Optional	
Loop: 2420D		**Elements: 5**

User Option (Usage): Required
Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country
Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.
Detail: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

REF Service Facility Location Secondary Identification

Pos: 5250		**Max: 20**
	Detail - Optional	
Loop: 2420D		**Elements: 3**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.
Detail: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

SVD Line Adjudication Information

			Pos: 5400	Max: 1
			Detail - Optional	
			Loop: 2430	Elements: 5

User Option (Usage): Situational
Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD01	67	**Identification Code**	M	AN	2/80	Required

Description: Code identifying a party or other code
TennCare Notes: *This Number shown matches NM109 in the Loop ID-2330B Identifying other payer.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Encounter Notes:
Error Message: MCC LINE LEVEL PAID AMOUNT MISSING - The line paid amount 2430/SVD02 is required by TennCare.
Detail: 2430/SVD02 value is required by TennCare, so the 2430/SVD segment must be in the service line.

Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero.
Detail: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 24 then the header is capitated and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).

Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero.
Detail: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 107 then the header is denied and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] =

> *MCC. (This will eliminate non-MCC TPL loops)*
> **TennCare Notes:** *Line Level Paid Amount*

SVD05	380	**Quantity**	O	R	1/15	Required

Description: Numeric value of quantity
TennCare Notes:
-999,999.99<=values>=999,999.99

CAS   Line Adjustment

Pos: 5450	**Max: 5**
Detail - Optional	
Loop: 2430	**Elements: 19**

User Option (Usage): Situational
Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required

Description: Code identifying the general category of payment adjustment
TennCare Notes: *'CO' is used for Encounters.*

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payer Initiated Reductions
PR	Patient Responsibility

CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required

Description: Code identifying the detailed reason the adjustment was made
Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.
Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).
TennCare Notes: *(Deductible), 2 (Coinsurance), 3 (Co-pay), 24 (Charges covered under a capitation agreement/managed care plan - Monetary Amount is zero.), 66 (blood deductible) usually FFS, 107 (Denied - Monetary Amount is zero), A2 (Cap claim override for a FFS line). On a denied encounter, preferred way is to indicate the first CAS as denied with 107 and then other CAS segments to indicate the EOB codes.*

CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed
reason the adjustment was made

Encounter Notes:
*Error Message: VALUE OF ELEMENT CAS
INCORRECT - ARC NOT ALLOWED BY
TENNCARE.*
*Detail: All Adjustment Reason Codes must be
valid according to national code list or
TennCare code list. TennCare Allowed: 1. 107 -
MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service
(inactive) 3. B19 - Reform appeal for TennCare
(inactive) 4. 63 - Correction to a Prior Claim
(inactive).*
TennCare Notes: *See CAS02.*

CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed
reason the adjustment was made

Encounter Notes:
*Error Message: VALUE OF ELEMENT CAS
INCORRECT - ARC NOT ALLOWED BY
TENNCARE.*
*Detail: All Adjustment Reason Codes must be
valid according to national code list or
TennCare code list. TennCare Allowed:1. 107 -
MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service
(inactive) 3. B19 - Reform appeal for TennCare
(inactive) 4. 63 - Correction to a Prior Claim
(inactive).*
TennCare Notes: *See CAS02.*

CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed
reason the adjustment was made

Encounter Notes:
*Error Message: VALUE OF ELEMENT CAS
INCORRECT - ARC NOT ALLOWED BY
TENNCARE.*
*Detail: All Adjustment Reason Codes must be
valid according to national code list or
TennCare code list. TennCare Allowed:1. 107 -
MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service
(inactive) 3. B19 - Reform appeal for TennCare
(inactive) 4. 63 - Correction to a Prior Claim
(inactive).*
TennCare Notes: *See CAS02.*

CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed
reason the adjustment was made

Encounter Notes:
*Error Message: VALUE OF ELEMENT CAS
INCORRECT - ARC NOT ALLOWED BY
TENNCARE.*
*Detail: All Adjustment Reason Codes must be
valid according to national code list or
TennCare code list. TennCare Allowed:1. 107 -*

MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service
(inactive) 3. B19 - Reform appeal for TennCare
(inactive) 4. 63 - Correction to a Prior Claim
(inactive).
TennCare Notes: *See CAS02.*

| CAS17 | 1034 | **Claim Adjustment Reason Code** | X | ID | 1/5 | Situational |

Description: Code identifying the detailed
reason the adjustment was made
Encounter Notes:
*Error Message: VALUE OF ELEMENT CAS
INCORRECT - ARC NOT ALLOWED BY
TENNCARE.*
*Detail: All Adjustment Reason Codes must be
valid according to national code list or
TennCare code list. TennCare Allowed:1. 107 -
MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service
(inactive) 3. B19 - Reform appeal for TennCare
(inactive) 4. 63 - Correction to a Prior Claim
(inactive).*
TennCare Notes: *See CAS02.*

DTP Line Check or Remittance Date

Pos: 5500   Max: 1
Detail - Optional
Loop: 2430   Elements: 3

User Option (Usage): Required
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or
time, or both date and time

Code	Name
573	Date Claim Paid

| DTP02 | 1250 | **Date Time Period Format Qualifier** | M | ID | 2/3 | Required |

Description: Code indicating the date format,
time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

| DTP03 | 1251 | **Date Time Period** | M | AN | 1/35 | Required |

Description: Expression of a date, a time, or
range of dates, times or dates and times
Encounter Notes:
*Error Message: SERVICE LINE
ADJUDICATION DATE MUST BE GREATER
THAN OR EQUAL TO FROM DATE OF
SERVICE.*
*Detail: The edit applies to only the 2400
service dates. If any 'from' service date (837D:
2400/DTP03 where DTP01=472) is greater
than the line adjudication date (2430/DTP
where DTP01=573), then that date is in error.
Flag the error at the 2430 DTP02. The DTP02*

should be inspected and if the DTP02=RD8, then the Begin date (FROM-the first date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080911".

Error Message: *SERVICE LINE ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO THROUGH DATE OF SERVICE.*
Detail: *The edit applies to only the 2400 service end dates If any end (FROM) service date (837D: 2400/DTP03 where DTP01=472) is greater than the line adjudication date (2430/DTP where DTP01=573), then that date is in error. Flag the error at the 2430 DTP02. The DTP02 should be inspected and if the DTP02=RD8, then the END date (the last date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080922".*

Encounter Notes:

Error Message: *REQUIRED MCC ADJUDICATION DATE MISSING - DATE 2430/DTP03 Must Be Submitted (DTP01='573') on every detail line for Tenncare.*
Detail: *Segment 2430B/DTP03 where DTP01=573 is required. This is mandatory for all line items for all transaction types. When the 2430B/DTP segment is missing, edit will set. Applies only to the MCC loop, not to Third Party Payer loops. The MCCID identifies the MCC loop as 2330B/REF02 when the 2330B/REF01=2U AND 2330B/REF02 has the first three bytes of MCC. If the 2330B loop does not contain this MCC ID, do not apply the edit to require MCC date.*

GE   Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required
Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE02	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender
TennCare Notes: *Same as ISA06*

IEA   Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender
TennCare Notes: *Same as ISA13*